

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037043

STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 51

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0750

2 0750

3 1

4 1

5 2

6

7 0

8 0

9 420.1

10

11

12 90-2

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY OREGON-

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN THAYER-TSW.

Length of stay in 1b

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RESIDENCE

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO b. COUNTY OREGON-

c. CITY OR TOWN THAYER-MO-PT.2.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

MALINDA MARIA McCOMB

4. DATE OF DEATH

Month

Day

Year

SEP- 3 1963

5. SEX

72

6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/12/1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

WAVERLY-MO

12. CITIZEN OF WHAT COUNTRY

US.

13a. FATHER'S NAME

FREDRICH KOLBUS

13b. MOTHER'S MAIDEN NAME

LOUISE STOKER-

14. NAME OF HUSBAND OR WIFE

FRANK N McCOMB.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

817 Mrs FRED SHOEMAKER, THAYER-MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

myocarditis -

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY:

STATE

21. I attended the deceased from 1955 to 9-3-63 and last saw her alive on 8/25/63. Death occurred at 9:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John R. Ellison

(Degree or title)

22b. ADDRESS

Thayer MO

22c. DATE SIGNED

9-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-8-63

23c. NAME OF CEMETERY OR CREMATORY

THAYER CITY CEM.

23d. LOCATION (City, town, or county)

THAYER-MO

(State)

24. FUNERAL DIRECTOR

Les Ann Funeral Home Thayer, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-9-63

26. REGISTRAR'S SIGNATURE

Raymond H. Blum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Burial Permit Obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Lee Carr

Licensed Embalmer No. 2852

P. O. Address Thayer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.